

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PROCESS FOR LAMINATING PLIES OF TISSUE PAPER AND LAMINATED TISSUE PAPER
Attorney Docket Number::	4002-1024-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	7
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: DIRK
Middle Name::
Family Name:: SEMBRITZKI
City of Residence:: MANNHEIM
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: RIEDFELDSTR. 17

City of Mailing Address:: MANNHEIM
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: D-68169

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: JAN-PETER
Middle Name::
Family Name:: BRUNBACK
City of Residence:: MANNHEIM
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: SPELZENSTRASSE 9

City of Mailing Address:: MANNHEIM
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: D-68167

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: GERMANY
 Status:: Full Capacity
 Given Name:: WOLFRAM
 Middle Name::
 Family Name:: SCHINKOREIT
 City of Residence:: UNTERABSTEINACH
 State or Province of Residence::
 Country of Residence:: GERMANY
 Street of Mailing Address:: SCHUTZENSTRASSE 13

City of Mailing Address:: UNTERABSTEINACH
 State or Province of Mailing Address::
 Country of Mailing Address:: GERMANY
 Postal or Zip Code of Mailing Address:: D-69518

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/431,747	12/9/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name:: SCA HYGIENE PRODUCTS GMBH
Street of Mailing Address:: SANDHOFER STRASSE 176

City of Mailing Address:: MANNHEIM
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: D-68305